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TECHNICAL COOPERATION: NATIONAL HOUSEHOLD SURVEY CAPABILITY (NHSCP) PROGRAMME

SOCIAL DIMENSIONS OF ADJUSTMENT (SDA) PROGRAMME AND THE LIVING STANDARDS MEASUREMENT STUDY (LSMS)

Selected issues

Joint report of the Secretary-General and the World Bank

SUMMARY

This paper addresses differences and similarities between the National Household Survey Capability Programme (NHSCP), the Living Standards Measurement Study (LSMS) and the Social Dimensions of Adjustment Project (SDA). Brief history and characteristics of NHSCP, LSMS and SDA are detailed in Section II (paras. 2-8). Section III reviews differences and similarities between the three programmes. Differences discussed include those in objectives (paras. 10-13) and characteristics and methodology (paras. 14-20). Similarities include the publication of methodological documents and manuals by NHSCP and SDA (para. 21). The paper also outlines briefly in Section IV (paras. 22-27) a strategy for the future in which all three programmes are to be properly and effectively coordinated at the country level. There is in addition a proposal that countries should be encouraged to set up data archives or databases for the survey data which are becoming increasingly available (para. 27). Conclusions of the paper are set out in Section V (paras. 28-29) and proposed points for discussion are detailed in Section VI (para. 30).

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I. INTRODUCTION

1. At its fourteenth session, the Working Group on International Statistical Programmes and Coordination requested the Statistical Division of the United Nations Secretariat and the World Bank to prepare jointly two reports for the twenty-seventh session of the Statistical Commission. The first, document E/CN.3/1993/18, is a progress report on the National Household Survey Capability Programme (NHSCP), the Living Standards Measurement Study (LSMS) and the Social Dimensions of Adjustment (SDA) survey component. The second report addresses issues that separate or bring together these three programmes. Some of the more important issues are discussed in this paper and they range from objectives to scope and methodology.

II. BRIEF HISTORY AND CHARACTERISTICS OF NHSCP, LSMS AND SDA

2. The NHSCP was initiated in 1979 as a major collaborative effort of the entire United Nations family including other multilateral agencies and interested specialized agencies, particularly the ILO, FAO, WHO and UNESCO. It was co-sponsored by UNDP and the World Bank that provided seed money. UNDP, the World Bank, UNFPA and UNICEF contributed to the costs of the Central Coordinating Unit (CCU) and UNDP and UNFPA funded the regional teams while ILO provided full-time advisers and FAO part-time advisers to the regional teams. The objectives of the NHSCP are country specificity, wide choice of subjects to be investigated, flexibility in sequence and types of surveys, integrated approach, benefits of continuity, cost-effectiveness, generation of internationally comparable data and means of promoting technical cooperation.

3. The objectives of the programme were two-fold: first, to assist developing countries to collect, process, analyse and disseminate survey data on households and their members for use in policy formulation, planning, administration and research; and second, to establish durable statistical infrastructure in the household survey area. The first objective of data collection was to assist countries to have the type of household survey data they themselves have identified as requirements. This was to be done in a 4-5 year cycle with or without a core questionnaire/survey. The second objective of capability building implied countries being assisted to obtain the necessary skills and equipment for implementing every phase of the household survey programme. This implied training of staff in sample survey methodology and selection, data processing, data presentation and analysis and report writing. It also implied an assessment of hardware and software needs and the mobilization of necessary financial resources.

4. The NHSCP has now existed for about 13 years and has 50 countries participating in it (Africa (26), Europe (1), West Asia (4), Asia and the Pacific (7) and Latin America and the Caribbean (12)). There are many more countries interested in joining. Technical support services had been provided to countries by the CCU and by technical support units within the regional

commissions. Most of these countries have annual budgets for surveys, and have published a number of survey results, a few of them with unacceptable time lags. The overall achievements of NHSCP have been summarized in document E/CN.3/1993/18 and have also been critically reviewed by a consultant whose report is referred to in that document.

5. The LSMS was initiated by the World Bank in 1980. Its purpose was to promote the collection and analysis of household survey data as a policy tool in developing countries. In the early 1980s the work focused on two areas: (i) assessing the experiences of developing countries in implementing household surveys and using the results for policy purposes; and (ii) assessing what were the data needs for measuring the impact of various government policies on households' living standards, and the best way to collect that information by means of an integrated household survey. The end result of these efforts was a draft multi-topic questionnaire in 1984. The first surveys were conducted in Côte d'Ivoire, Peru, Ghana and Mauritania. In 1988, the next two countries to implement LSMS surveys, Bolivia and Jamaica, did so with a large number of changes in survey and questionnaire design. The Bolivia survey is now in its fifth year and is becoming a core part of the national statistical office's work. The Jamaica LSMS is linked to an existing Labour Force Survey. This allowed the survey to fit well in the institutional structure, but sacrificed several of the data quality assurance procedures that are a key distinction of the full-fledged LSMS. LSMS surveys have continued to be implemented in an increasing number of countries and modified to meet specific national policy needs. The most recent LSMS survey is one being implemented in Tanzania and designed specifically for measuring the impact of AIDS on Tanzanian households and for estimating the cost-effectiveness of various policies related to its prevention and management.

6. The SDA programme was launched in July 1987 by the UNDP Regional Programme for Africa, the African Development Bank, and the World Bank, with financial and technical support from such other multilateral and bilateral agencies as EEC, IFAD, Sweden, the United Kingdom of Great Britain and Northern Ireland, Switzerland, Norway, Canada and Austria. The objective is to strengthen the capacity of Governments in the sub-Saharan African region to integrate social dimensions in the design of their structural adjustment programmes. The programme consists of several components, namely, strengthening national planning capabilities, improving the design of social policies and projects, and building up appropriate information bases. The SDA statistical programme is consequently but one component of the overall programme, but is nevertheless critical to the overall objectives of the SDA. There are now 28 African countries that have SDA activities planned or ongoing and 15 of these are currently implementing Household Survey Programmes.

7. The design and content of SDA statistical programmes varies considerably from country to country. However, because of the heavy emphasis on the need to monitor welfare levels of different segments of the population, the programme almost invariably includes household surveys. At the time of its inception, the SDA took on a great deal of the LSMS methodology. An adapted

version of the LSMS, called the Integrated Survey (IS), was the main tool for capturing and studying the linkages between national socio-economic policies and their effects at the household level. As the SDA programme evolved, it developed additional tools, the most widely used being the much lighter and more easily applied Priority Survey (PS). This was developed with two objectives in mind: firstly, to provide a rapid means of identifying and describing poor and vulnerable groups; and secondly, when the PS is repeated over time, to serve as a monitoring instrument to measure changes in welfare of these different population groups. In recent years, the SDA has been exploring ways of combining household surveys with more qualitative and participatory assessment techniques to understand the social and economic constraints affecting the poor.

8. Relations between these programmes have at times been strained. There have been legitimate conceptual and methodological differences which have needed resolution, and there have also been rivalries. However, as the various programmes have developed these differences have been narrowed down and there are now good examples of collaborative country programmes. There have been joint LSMS/NHSCP missions to Jamaica and Bolivia, and joint SDA/NHSCP missions to Niger, Mali, and Malawi. The collaborative programme that has been formulated in Mali is a good example of coordinated support to a country from the NHSCP and the SDA, and is described in detail in the annex to this report.

III. DIFFERENCES AND SIMILARITIES BETWEEN NHSCP, LSMS AND SDA

9. There are a number of conceptual and methodological differences between NHSCP, LSMS and SDA. These include objectives, survey characteristics and methodology. A few of the more salient differences will be described but it is to be noted that as the programmes developed certain elements which were regarded as differences are no longer considered as being important and that differences do not necessarily imply incompatibility.

Objectives

10. The NHSCP focused on data production to meet a range of possible data requirements in the fields of policy formulation, planning, administration and research. At the same time it aimed at capability-building. The philosophy of the NHSCP has been to help countries build an "umbrella" data-collection and processing capability that can be applied to meet a number of different uses.

11. The LSMS, on the other hand, has grown out of the need to research the causal linkages between government policies and their impact on household welfare and is centered very strongly around the "LSMS survey", and the use of the survey to shed light on complex policy issues. There has been considerable investment in methodological research and the introduction of innovatory processes, and somewhat less focus on capacity-building than with the other programmes. However, as the survey has now been applied in an

increasingly diverse range of situations, so the local capacity to administer and use it has been steadily growing, as has been evidenced in Bolivia and Jamaica.

12. The SDA had a broader objective of establishing national hierarchical information systems to monitor the implementation of economic adjustment programmes at the macro level, their effects at the meso level on markets and socio-economic institutions and their impact at the micro level on household and individual welfare levels. An important objective of the SDA has therefore been to build up local capacity, not just to collect but to analyse and use data. The SDA has nevertheless also maintained the idea of having a household survey at the base of the monitoring system. It started with the LSMS questionnaire, which was subsequently modified to become the IS. As the project developed, however, the methodological base was expanded to include the PS. This "core" monitoring survey is intended to be carried out every year, compared with the IS, which is only expected to be implemented once in a four-five year period.

13. It can be seen that the three programmes have come from different starting points with different objectives and goals. However, all come together on the need to help countries produce high quality household survey data. The different ways in which they approach this task is described in the following section.

Survey characteristics and methodology

14. The NHSCP was conceived as a programme of uni-subject or multi-subject surveys covering a group of two or three closely related subjects. As indicated in the NHSCP Prospectus, 1/ the idea of a core questionnaire, comprising items of three main categories of variables: community level, household as a unit and household members and visitors, was also considered. However, this idea was not fully addressed in later years. Essentially, the NHSCP allowed countries to decide on the types of surveys they wanted to conduct and the sequence in which they wanted to carry them out. Guidance was provided on the state of the art and on adherence to international standards, but no prototype questionnaires were provided.

15. LSMS and SDA were focused much more on the idea of developing a survey (LSMS) or information system (SDA), with a specific demand in mind: welfare monitoring and the assessment of the impact of economic policies on standards of living. Considerable investment was consequently made in the development of prototype questionnaires and the drafting of recommended survey procedures for carrying them out. These are detailed in the various programme publications. Countries have, however, been given the flexibility to make such adaptations to the surveys and questionnaires as they felt necessary to conform to their needs and resources.

16. As implied in the previous paragraph, NHSCP tended to promote variable subject coverage and flexible methodology to meet national needs while the LSMS/SDA tended to promote greater uniformity through adherence to a specific

methodological approach. An important difference that emerged in the implementation of these programmes has been that the LSMS and SDA have encouraged the use of multi-subject survey instruments, whereas under the NHSCP the tendency has been to implement consecutive surveys with emphasis on a single subject such as labour force, health or household budget. The varying strategies have resulted from the respective substantive as well as methodological objectives of the two programmes.

17. There were other differences which emerged as the two programmes developed but which had no direct connection with conceptual or methodological differences. These include the use of individual enumerators by NHSCP and the use of teams of enumerators by LSMS and SDA, the use of large samples, usually derived from master sample designs, to provide national and subnational estimates of acceptable precision (NHSCP) and use of customized samples, to ensure adequate representation of specific poor and vulnerable population groups (LSMS/SDA). There are exceptions to the above general characterizations of both programmes.

18. Due to reasons of logistics and costs, NHSCP projects were generally formulated on the basis of one enumerator operating individually. Thus although one supervision area normally had one supervisor and about four enumerators, they did not operate together as a mobile team. The LSMS and SDA, on the other hand, made use of teams so that the work of the enumerators could be checked daily and errors and omissions corrected in the field. The latter approach, which was also used in the World Fertility Survey (WFS) and other survey programmes, reduces the level of errors in the collected data but may raise the cost of surveys. It also permits more flexibility in sample design. NHSCP had no objections to mobile teams operating in country surveys if the countries so desired and adequate funding was available. Similarly, a number of SDA surveys are being implemented without using mobile teams but relying on the existing permanent enumerator field force.

19. Without the CCU or the specialized agencies or the regional commissions prescribing the use of master samples, most of the countries participating in NHSCP found master samples a convenient and neat arrangement for implementing their survey programmes. The advantages of master samples include savings on costs of frame updating leading to cost-effectiveness, improvements in the quality of survey results and greater flexibility to respond quickly to data needs on a wide variety of topics. The limitations of master samples include the length of time they can be used without major revision or redesign and their flexibility to cover target population groups or to meet data needs in a wide variety of subjects. NHSCP project formulation teams had been criticized at the beginning for not clearly indicating to countries the pros and cons of master samples before they adopted that approach. Now the advantages and disadvantages are stated but still the majority of countries continue to select master samples. The SDA methodological documents, on the other hand, provide detailed recommendations on how to draw samples that will ensure adequate coverage of pre-specified socio-economic groups. Many of the other countries implementing SDA survey have followed this sample design. However, there are some where a master sample frame already exists and where this has been used instead.

20. The LSMS has made a feature of the use of decentralized data processing, and this approach has also been carried on by the SDA, which recommends decentralized data entry where possible but does not rule out the use of centralized data processing where that is the standard practice. By bringing data entry close to data collection, it is possible to make some corrections during the data-entry stage by referring errors back to the field. This should result in better quality data and more speedy processing. The NHSCP relied on the processing arrangements in place, mainly centralized data processing. But it did not rule out decentralized data processing. However, when the concept of direct data entry during enumeration was suggested, it did express caution pending the results of experiments in Latin America.

21. There are also several similarities between NHSCP, LSMS and SDA. All three programmes publish methodological documents and manuals. The SDA (surveys component) has the added advantage that, since it is part of an overall project, it sees the analytical uses made of its surveys more quickly than the NHSCP finds out what uses if any have been made of the surveys carried out under its auspices. All three programmes support improvements in data processing that are in line with technological developments. They also promote producer-user interactions in their different ways.

IV. A STRATEGY FOR THE FUTURE

22. The year 1992 has shown that collaboration between NHSCP and LSMS/SDA at the country level is not only possible but is also the best strategy to assist countries to address their data requirements for general or specific programmes. With regard to coordination between NHSCP and SDA in Africa, it is necessary for the organizations sponsoring the two programmes to encourage countries to develop their statistical capacity under the broad umbrella of the Addis Ababa Plan of Action: The Strategy for African Statistical Development. 2/ This plan presupposes that first the needs of each country will be ascertained and then help will be given to it. It envisages collaboration among the United Nations, specialized agencies, multilateral and bilateral agencies in their efforts to assist countries. In that context, it is possible to have a joint NHSCP-SDA sponsored programme of household surveys for the country. As shown in Mali and Burkina Faso, the PS, as amended by the country or a similar monitoring questionnaire, can be implemented in the country programme as an annual core survey within an NHSCP-type programme of surveys, as in Mali, or an overall statistical programme with technical and capacity-building support being provided through both the SDA and the NHSCP programmes.

23. Most of the methodological issues that have emerged in the development of the NHSCP, LSMS and SDA programmes are not necessarily part of the underlying philosophy of the programmes themselves and can be resolved at the country level, taking into account the resources available and the types of surveys to be conducted. Such issues include team vs. individual enumeration, master vs. customized samples, decentralized vs. centralized data processing etc. On the issue of questionnaire design, there is still much that can be learned from

the experiences of the respective programmes: whether it is more effective to provide prototype questionnaires or to leave the design to the discretion of the countries; whether to encourage multi-topic surveys or consecutive surveys with emphasis on a single subject; and whether to recommend limitations to the size and scope of the questionnaires, are all issues on which there have been differences of approach. However, the best way forward will be to encourage an open exchange and evaluation of experiences.

24. In spite of advances made in computer hardware and software, data processing continues to be one of the major bottlenecks to the early release of survey data. All three programmes can assist in this regard by pooling their resources together to improve support to developing countries. Adequate or almost adequate hardware and software are now available to most countries. What is lacking is the skilled manpower, and this issue should be addressed, not just by the three programmes under review, but by all concerned agencies, in a more coordinated manner.

25. As stated earlier, the three programmes have been producing methodological documents and manuals. This activity should continue and should be expanded to include documents specifically prepared for training workshops, possibly jointly administered.

26. A weak link in the chain between data production and use is analysis. Many countries have yet to develop a capacity for analysing in-depth the results of household surveys. It is important, therefore, for the three programmes to address the issue of in-country analytical capacity together and convene joint data-analysis workshops to strengthen this capability.

27. A related issue is the need to encourage countries to start thinking of the establishment of data archives or databases to assist in easy storage and retrieval of the data that is becoming available in countries. A data-dissemination policy at the national level is also required to grant easy access to bona fide users of data.

V. CONCLUSIONS

28. The United Nations commitment to assisting countries to produce household data of the type they require for their own policy formulation, planning, administration and research will continue. So will the World Bank's commitment to the strengthening of national economies and to poverty monitoring and alleviation. Both commitments can be combined at the national level to result in well conducted household surveys whose results will be analysed and disseminated early to assist all users in their work. Underpinning these three statistical programmes is an increased concern to build up national capacity to collect, process and analyse statistical data. The three initiatives should therefore be encouraged to continue with a strong recommendation that proper and effective coordination take place at the country level.

29. Each initiative requires financial support. It is hoped that multilateral and bilateral donors will continue to assist in the mobilization of resources for countries and assist in capability-building to reduce the need for outside expert assistance which cannot be expected to continue indefinitely.

VI. POINTS FOR DISCUSSION

30. The Commission may wish to comment on:

(a) How the three statistical programmes have evolved with different objectives but with similar, and often overlapping, activities;

(b) How the present paper has highlighted the differences of approach of the three programmes, with a view to assessing which are substantive and which are not;

(c) The fact that, while a number of the differences are inconsequential, some legitimate differences of approach may continue. These need not, however, be a barrier to the three programmes working closely together;

(d) The specific case of Mali, described in the annex, as well as other country cases, as examples of good cooperation between NHSCP and the SDA, working together to meet the country's needs;

(e) The future strategy of collaboration between NHSCP, LSMS and SDA both at the programme and country levels.

Notes

1/ United Nations, The National Household Survey Capability Programme Prospectus (New York, 1981).

2/ United Nations Economic Commission for Africa, Addis Ababa Plan of Action: The Strategy for African Statistical Development (Addis Ababa, 1992).

Annex

COORDINATION BETWEEN SDA AND NHSCP - THE CASE OF MALI

Duplication between survey programmes proposed by NHSCP and SDA and the necessity to establish consultation and coordination at the country level were the main conclusions of two independent missions, one from NHSCP in May 1991 and the other from SDA in October 1991. In addition to this similarity in diagnosis, the two missions recommended that every effort to strengthen coordination should be made at country level and in the field and not at the programme level. During a meeting held in Washington on 19 January 1992, this recommendation was adopted as a systematic method of consultation and coordination between NHSCP and SDA. As a result, it was then decided to undertake a joint NHSCP/SDA mission to Mali in February 1992.

Thanks to the goodwill of all the concerned parties (the Government of Mali, UNDP, NHSCP, World Bank, SDA), the joint mission underscored the existence of common development objectives and the complementarity between respective ongoing or planned interventions. The mission reached two main conclusions: (i) the formulation of a consolidated Programme Africaine de mise en place de Dispositifs d'Enquête sur les Ménages (PADEM/SDA programme, Phase 1, "Programme Consolidé PADEM/DSA pour l'établissement et le suivi d'un profil de la pauvreté au Mali") and (ii) the setting up of an efficient joint supervision and monitoring system. This helped to make optimal use of available resources and put an end to the unproductive arguments which characterized the SDA/NHSCP relationship in the past.

The commitment of both parties to this consultative process was supported by the complementary nature of the respective programmes. The elements of this complementarity are as follows:

(i) In the field of statistical information, PADEM/Mali has strongly contributed to the gathering of socio-economic data through an integrated household survey programme covering income and expenditure, labour force, informal sector and agriculture. This has helped in building a permanent survey taking capability which is now being strengthened in the field of data analysis and use by the operational experience and the technical know-how of the World Bank SDA Programme. This has proved to be most adequate in designing an integrated social information system, linking statistical data collection with its use;

(ii) In the technical field, the two programmes put together their respective experience and expertise in order to select and design the most appropriate survey techniques in the Malian context. This was particularly pertinent in designing a light and permanent household survey system to measure and monitor the living conditions of Malian households;

(iii) In the financial field, coordination allowed an increase of the cost/effectiveness ratio in terms of inputs and programme activities. It

prevented all types of duplication and resulted in rationalized programme activities and strengthened the coherence of the overall external support. The coordinated approach also encouraged other donors, such as the European Development Fund, in funding the programme activities;

(iv) In the institutional field, NHSCP/Mali has contributed since 1982 to the strengthening of capability, in the Direction National de la Statistique et de l'Informatique (DNSI) and other ministries, in the area of data collection and processing. Building on these capabilities, the consolidated programme established within the DNSI an analysis unit which will provide the Government with reliable statistical instruments for the formulation, evaluation and monitoring of its development policy and social programme;

(v) In the coordination field, the consolidated programme set up mechanisms for dialogue, consultation and exchange of information among the involved parties at the country level, especially among the DNSI, the Ministry of Planning and the representatives of international agencies. In addition, an SDA/NHSCP joint supervision committee was established at the international level (World Bank/United Nations) to ensure technical support, follow-up and implementation of the programme work plan.

This experience proved to be extremely useful and productive. It sets the ground for an efficient continuation of the activities based on more solid and constructive foundations. Accordingly, a joint SDA/NHSCP mission will take place in January 1993 in order to review and assess the outputs of the first phase of the "consolidated programme" and to negotiate the activities to be included in a second phase.